

RECEIVED  
CENTRAL FAX CENTER

DEC 22 2005



DANIELS DANIELS &amp; VERDONIK, P.A.

## FACSIMILE MEMORANDUM

This transmission has 30 pages, including cover page.  
If there are any problems, please call (919) 544-5444.

CONFIDENTIALITY NOTE

The documents accompanying this telefax transmission contain information belonging to Daniels Daniels & Verdonik, P.A. that is confidential and/or legally privileged. This information is only intended for the use of the individual or entity named above.

IF YOU ARE NOT THE NAMED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING,  
DISTRIBUTION OR TAKING OF THIS INFORMATION FOR ANY USE WHATSOEVER IS STRICTLY PROHIBITED.

If you have received this telefax in error, please immediately contact us by telephone to arrange for return of the original documents to us.

---

**TO:** Group 2100- (After Final)  
Examiner Thanhga H. Truong (Art Unit 2135)

**FAX #:** (571) 273 8300 (1213-003)

**FROM:** A. José Cortina, Reg. 29,733

**DATE:** December 22, 2005

**RE:** U.S. Application Serial No. 09/921,620  
Docket No. 41061/261991 (New File No. 1213-003)  
Applicants: Weaver, III et al.

---

Attached is a Response to the Office Action dated July 27, 2005 with a two Month Extension of Time Request which has today been mailed by Express Mail EV723448445US with appropriate fees.

The fees have been mailed by Express Mail only.

RECEIVED  
CENTRAL FAX CENTER

DEC 22 2005

Docket No. 41061/261991 (1213-003)

CERTIFICATE OF EXPRESS MAILING UNDER 37 CFR 1.10

Express Mail mailing label number: EV723448445US

Applicant: Weaver, III et al.

TITLE: METHOD AND SYSTEM FOR ENCRYPTING AND  
STORING CONTENT TO A USER

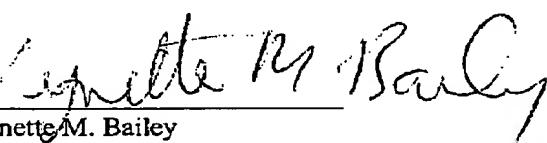
Date of Deposit December 22, 2005

Type of Document(s) Certificate of Express Mailing (1 page);  
Amendment and Response to Final Office Action;  
Request for 2 Month Extension of Time with \$225 fee;  
Fee Determination Record;  
Copy of Revocation of Power of Attorney with New Power of  
Attorney and Change of Correspondence Address Form  
PTO/SB/82 filed July 11, 2005;  
Copy of Image File Wrapper;  
Copy of Statement under 37 CFR 3.73(b) filed July 11, 2005;  
Third Supplemental IDS with 3 search reports and requisite \$180 fee;  
Form PTO/SB08A;  
Check for \$405.00; and  
Return Receipt Postcard.

Serial No.: 09/921,620

Filing Date: August 8, 2001

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on December 22, 2005 and is addressed to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

  
\_\_\_\_\_  
Lynette M. Bailey

DEC 22 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/921,620
		Filing Date	August 3, 2001
		First Named Inventor	Weaver et al.
		Examiner Name	Truong, Thanhngia A.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2135
TOTAL AMOUNT OF PAYMENT (\$)		405.00	
		Attorney Docket No. 41061/261991 (1213-003)	

## METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTD-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

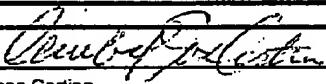
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee for IDS after Office Action \$180 and 2 mth extension fee \$225 405.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 29,733	Telephone (919) 544 5444
Name (Print/Type)	A. Jose Cortina		
		Date December 2005	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DEC 22 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2005. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
405.00

**Complete if Known**

Application Number	09/921,620
Filing Date	August 3, 2001
First Named Inventor	Weaver et al.
Examiner Name	Truong, Thanhngia A.
Art Unit	2135
Attorney Docket No.	41061/261991 (1213-003)

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)  Fee (\$)  
50  Fee (\$)  
25

Each independent claim over 3 (including Reissues)  Fee (\$)  
200  Fee (\$)  
100

Multiple dependent claims  Fee (\$)  
360  Fee (\$)  
180

**Total Claims**  **Extra Claims**  **Fee (\$)**  **Fee Paid (\$)**  **Multiple Dependent Claims**  **Fee (\$)**  **Fee Paid (\$)**

- 20 or HP =  x  =

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**  **Extra Claims**  **Fee (\$)**  **Fee Paid (\$)**  **Fee (\$)**  **Fee Paid (\$)**

- 3 or HP =  x  =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

**Total Sheets**  **Extra Sheets**  **Number of each additional 50 or fraction thereof**  **Fee (\$)**  **Fee Paid (\$)**

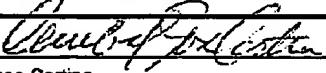
- 100 =  / 50 =  (round up to a whole number)  x  =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  **Fees Paid (\$)**

Other (e.g., late filing surcharge): Fee for IDS after Office Action \$180 and 2 mth extension fee \$225  405.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 29,733	Telephone (919) 544 5444
Name (Print/Type)	A. Jose Cortina		Date December 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

May 11 05 03:10p Daniels Daniels Verdonik

919-544-5920

P.5

RECEIVED  
CENTRAL FAX CENTER

MAY 11 2005

BEST AVAILABLE COPY

PTO/SB/022 (04-09)

Approved for use through 11/06/2006, GSA GPO:025-003

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Application Number 09/021,826

PAGE 12/12 \* RCV'D AT 12/22/2005 2:49:23 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/24 \* DNI:2738300 \* CSID:919 544 5920 \* DURATION (mm:ss):04:40

BEST AVAILABLE COPY